

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
DIVISION OF FAMILY AND COMMUNITY HEALTH

APPLICATION FOR COMPREHENSIVE HEARING TRAINING

Part 1. IDENTIFYING INFORMATION:

Applicant's Name: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Supervisor's Signature of Recommendation: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's Work Address: \_\_\_\_\_

Supervisor's Work Phone: \_\_\_\_\_

PART 2. LOCAL HEALTH DEPARTMENT ENDORSEMENT: (for non-local employee)

If the sponsoring agency is not a local health department, then an endorsement by the health department for the local jurisdiction served by the sponsoring agency is required.

I recommend that this applicant be trained to work within this jurisdiction.

\_\_\_\_\_  
Signature (Authorized Local Health Dept. Representative)

\_\_\_\_\_  
Local Health Jurisdiction(s)

PART 3. PLANNED WORK ENVIRONMENT OF TECHNICIAN: (this must be completed)

Upon successful completion of training, this applicant will be employed:

_____ full-time	_____ in the school screening program
_____ part-time	_____ for preliminary screening only
_____ as an active threshold technician	_____ as a back-up technician

Part 4. EDUCATION/EXPERIENCE OF APPLICANT

High School

Location

Diploma or Equivalent

Have you ever worked as a hearing technician? \_\_\_Yes\_\_\_ No

If yes, in what program? \_\_\_\_\_ EPSDT \_\_\_\_\_ School \_\_\_\_\_ how long?

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PART 5. ACKNOWLEDGEMENT:

I understand that I must successfully complete the classroom curriculum, practicum experience, and examination to receive Michigan Department of Community Health approval as a hearing technician.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

PLEASE MAIL/FAX COMPLETED APPLICATION TO:

Jennifer Hart, Hearing Program Consultant  
Michigan Department of Community Health  
Washington Square Building  
109 W. Michigan Ave.  
Lansing, MI 48913  
(517) 335-8697 (fax)